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Bib Data Sheet

CONFIRMATION NO. 1237

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/626,369 | <b>FILING OR 371(c) DATE</b><br>07/23/2003<br><b>RULE</b> | <b>CLASS</b><br>426 | <b>GROUP ART UNIT</b><br>1761 | <b>ATTORNEY DOCKET NO.</b><br>88265-10365 |
|------------------------------------|---|---------------------|-------------------------------|---|

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of PCT/EP02/00770 01/22/2002 and is a CIP of 09/768,784 01/25/2001 PAT 6,756,069  
 which is a CIP of 09/453,932 05/16/2000 PAT 6,319,537  
 which claims benefit of 60/134,640 05/18/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 12/05/2003**

|  |                               |                            |                           |                                |
|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>OH | <b>SHEETS DRAWING</b><br>2 | <b>TOTAL CLAIMS</b><br>24 | <b>INDEPENDENT CLAIMS</b><br>6 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged  | Examiner's Signature          | Initials                   |                           |                                |

**ADDRESS**  
28765

**TITLE**  
System and method for dispensing a liquid beverage concentrate

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1204 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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